

242

FEDERAL PUBLIC DEFENDER, SOUTHERN DISTRICT OF TEXAS TRANSCRIPT REQUEST AND INVOICE

1. PURPOSE 1 TRIAL 2 APPEAL OF CONVICTION/SENTENCE
 3 OTHER

2. REQUESTING ATTORNEY
Scott A. Martin

3. DOCKET NO.
H-14-018

4. COURT
SOUTHERN DISTRICT OF TEXAS

5. IN THE CASE OF
U.S.A VS. **Joseph S. Antonucci**

6. PERSON REPRESENTED
Joseph S. Antonucci

*United States Courts
Southern District of Texas
FILED*

APR 02 2015

7. PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)
Appeal from judgment of conviction and sentence imposed on March 31, 2015.

David J. Bradley, Clerk of Court

8. PROCEEDINGS TO BE TRANSCRIBED (Describe specifically and include docket entry number)
03/31/15: Sentencing proceedings held before the Hon. Keith P. Ellison (no docket entry #).

9. FEDERAL PUBLIC DEFENDER'S REQUEST

FPD ACCOUNTING DATA

15 092300 F05TXSF 2532

As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request preparation of the transcript of the proceedings described above at the expense of the United States pursuant to the Criminal Justice Act.

Apr 2, 2015

DATE
(713) 718-4600
TELEPHONE NUMBER

10. SPECIAL REQUESTS

FPD'S INITIALS

A. <input type="checkbox"/> Expedited	<input type="checkbox"/> 14-Day	<input type="checkbox"/> Daily	<input type="checkbox"/> Hourly Transcript
B. <input type="checkbox"/> Prosecution Opening Statement	<input type="checkbox"/> Prosecution Argument		<input type="checkbox"/> Prosecution Rebuttal
<input type="checkbox"/> Defense Opening Statement	<input type="checkbox"/> Defense Argument	<input type="checkbox"/> Voir Dire	<input type="checkbox"/> Jury Instructions

INVOICE

11. COURT REPORTER/TRANSCRIBER STATUS

14. PAYEE'S ADDRESS

Official Contract Transcriber Other

12. FULL NAME OF PAYEE
Miller

13. SOCIAL SECURITY OR EMPLOYER I.D. NO. OF PAYEE

15. TELEPHONE NO.

16. TRANSCRIPT	INCLUDE PG. NOS.	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	DED. AMT. APPORTIONED	TOTAL
A. Original			\$	\$	\$	\$
B. Copy			\$	\$	\$	\$

17. **TOTAL CLAIMED:** \$

18. CLAIMANT'S CERTIFICATION

I hereby certify that the above invoice is correct and that I have not claimed or received payment from any other source for the services rendered and claimed in this invoice.

CLAIMANT'S SIGNATURE

DATE

18.A. Clerk's Office Verification of No. of Pages & Rates: Verified by: _____
(Signature) (Date)

19. APPROVED FOR PAYMENT: AMT. APPROVED:
\$ _____

(Requesting Attorney, Federal Public Defender Office)

DATE